

For Office Use Only

Permit No.: _____ Time/Date Stamp: _____

Receipt No.: _____

Fee Paid: \$ _____

Date Issued: _____

Building Official Signature



City of Fitchburg
Building Department
166 Boulder Drive
Fitchburg, MA 01420
Phone: 978-829-1880
Fax: 978-829-1963

APPLICATION FOR PERMIT TO PLACE OR MAINTAIN A SIGN OR OTHER ADVERTISING DEVICE OR MARQUEE THAT DOES NOT EXTEND INTO OR OVER A PUBLIC WAY MORE THAN TWELVE (12) INCHES

Note to applicant: separate permit applications and fees are required for *each* sign to be installed

SITE INFORMATION:

Property Address: _____ Fitchburg, MA 01420

Assessor's Parcel ID Numbers: Map: _____ Block: _____ Lot: _____ Number Dwelling Units: _____

Zoning District: ☐ RA-1, Residential ☐ RR, Rural Residential ☐ LI, Light Industrial
☐ RA-2, Residential ☐ NBD, Neighborhood Business District ☐ I, Industrial
☐ RB, Residential ☐ CBD, Central Business District ☐ Medical Service
☐ RC, Residential ☐ C&A, Commercial & Automotive ☐ Fitch. State College

Proposed Use: _____

You may look up Parcel IDs and Zoning Districts at: <http://fitchburgma.gov/government/departments/assessors/assessormain.cfm>

DESCRIPTION OF PROPOSED WORK:

Kind of Sign:

- ☐ Marquee
☐ Wall Sign
☐ Projecting Wall Sign
☐ Canopy Sign (on rigid structure)
☐ Awning Sign (on fabric structure)
☐ Roof Sign
☐ Freestanding Sign*
☐ Other: _____
☐ Temporary Sign:
☐ Banner
☐ Free Standing Sign
☐ Off-Premises Sign

Will sign be illuminated? ☐ Yes ☐ No
Will sign obstruct a fire escape, window or door? ☐ Yes ☐ No
Lower edge will be _____ feet _____ inches above the public way.
Upper edge will be _____ feet _____ inches above the public way.
Height of face of sign: _____ feet _____ inches
Width of face of sign: _____ feet _____ inches
Face area: _____ square feet
Inner edge will be _____ feet _____ inches from the building or pole.
Outer edge will be _____ feet _____ inches from the building or pole.
Face of building or pole is _____ feet _____ inches back from street line.
Sign will project _____ feet _____ inches beyond the street line.
Sign will extend _____ feet _____ inches above the building or pole.
Material of sign frame: _____
Material of sign face: _____
Weight of sign: _____

*A Registered Plot Plan prepared by a surveyor showing all *freestanding* signs must accompany this application.

All applications shall include scaled drawings of the proposed sign, colors, dimensions, method of installation or support, method of illumination, and a diagram showing the proposed building, sign location, and labeled distances from line of street and line of adjoining property.

Sign, marquee, or other advertising device must not extend over a public way more than 12 inches, must not extend over a street at all, and must comply with Section 181.53 of the General Ordinances of Fitchburg, as amended.

Brief Description of Proposed Work or Additional Information:

ESTIMATED CONSTRUCTION COSTS:

Cost of sign and all related construction materials, electrical work (requires separate permit and licensed electrician), and labor: \$ _____ Permit Fee: \$ _____

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WORKERS' COMPENSATION INSURANCE AFFIDAVIT [M.G.L. c. 152 § 25C(6)]

Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of issuance of building permit. **Signed Affidavit Attached:** ☐ Yes ☐ No

CONSTRUCTION SERVICES:**Sign Manufacturer:**

Name: _____
Phone Number: _____
Mailing Address: _____

Sign Erector:

Name: _____
Phone Number: _____
Mailing Address: _____

Construction Supervisor License Number: _____

Exp: _____

Electrical Contractor:

Must apply for separate electrical permit

Name: _____
Phone Number: _____
Mailing Address: _____

License No.: _____

Licensed Construction Supervisor Signature

PROPERTY OWNERSHIP/AUTHORIZED AGENT:

Owner of Record: _____
Phone Number: _____
Mailing Address: _____

Authorized Agent: _____
Phone Number: _____
Mailing Address: _____

OWNER AUTHORIZATION: *Complete this section if owner's agent or contractor applies for building permit.*

I, _____, as Owner of the subject property hereby authorize _____
to act on my behalf in all matters relative to work authorized by this building permit application.

Owner Signature

Date

OWNER/AUTHORIZED AGENT DECLARATION:

Applicant agrees to abide by the rules and regulations of the Building, Wiring, Gas, and Plumbing Inspectors, Board of Health, Board of Zoning Appeals, City Council, DPW, Fire Department, and all applicable City of Fitchburg Ordinances. No changes or alteration permitted unless revised plans are submitted and approved.

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.
Signed under the pains and penalties of perjury.

Print Name

Signature of Owner/Agent

Date



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.]†</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|--|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____



City of Fitchburg
OFFICE OF THE TREASURER

166 Boulder Drive
Fitchburg, MA 01420

Calvin D. Brooks
Treasurer/Collector

Date: _____

Name: _____

Parcel ID: _____

Address: _____

CERTIFICATE OF TAX COMPLIANCE

This document signed by the Treasurer certifies that as of the above date, that the above named Applicant is in compliance and in good standing with its tax obligations and fees payable under City code, including real estate, personal property and water and sewer fees and is not a delinquent taxpayer (longer than 12 months outstanding). This Certificate is issued in compliance with Part II, Article 3, Chapter 120, Section 22, Subsection (C) as amended by City Council. This Certificate is required for all original applications and renewal applications for any license or permit, other than those referred to in Section 120-24, and issued by any Department, Officer, Board, or Commission of the City but not limited to Building Permits, Zoning Board Appeals Applicants, Planning Board Applications, and Special Permits.

Very truly yours,

Calvin D. Brooks
Treasurer/Collector
City of Fitchburg